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Bib Data Sheet

CONFIRMATION NO. 5339

SERIAL NUMBER 09/821,877	FILING DATE 03/30/2001 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 6794.US.O1						
APPLICANTS Paul F. Coleman, Lindenhurst, IL; Isa K. Mushahwar, Grayslake, IL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/19/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 26						
INDEPENDENT CLAIMS 8										
ADDRESS Steven F. Weinstock Abbott Laboratories Department 377 / AP6D-2 100 Abbott Park Road Abbott Park, IL 60064-6050										
TITLE Hepatitis B virus surface antigen mutant and methods of detection thereof										
FILING FEE RECEIVED 1596	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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